

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

3-12-07

SERIAL NO.
APPLICANT(S)

FILING DATE

CLAIMS	AS FILED		ADMITTED AS AMENDED		ADMITTED AS AMENDED	
	IND	DEP	IND	DEP	IND	DEP
1			1		1	
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	1	1	1	1	1	1
13	12	12	12	12	12	12
14						
15						
16						
17						
18						
19						
20						
21	12	12	12	12	12	12
22	12	12	12	12	12	12
23	12	12	12	12	12	12
24	1	1	1	1	1	1
25	1	1	1	1	1	1
26	12	12	12	12	12	12
27	1	1	1	1	1	1
28	12	12	12	12	12	12
29						
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31						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			1	1	2	2
TOTAL DEP.			60	60	78	78
TOTAL CLAIMS			61	50		

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						